



# Annual Reporting for High-Cost Recipients Madison Ave., Glenns Ferry, ID 83623

# 47 C.F.R. §54.313(a)(2) through (a)(6) and (h) Nehalem Telecommunications, Inc.

Received & Inspected

JUN 282013

FCC Mail Room

June 21, 2013

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12<sup>th</sup> Street SW Washington, D.C. 20554

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036

RE: WC Docket No. 10-90: Annual Reporting Requirements for High-Cost Recipients §54.313 (a)(2) through (a)(6) and (h)

Pursuant to Section 54.313(a)(2) through (a)(6) and (h) of the Federal Communications Commission's rules, enclosed are the 2013 annual reporting requirements and certifications for Nehalem Telecommunications, Inc., Study Area Code 532387. Nehalem Telecommunications, Inc. is a state-designated ETC, and as such, is submitting to the Commission relevant information from reports it files with its state commission for §54.313 (a)(2) through (a)(4).

Should you have any questions, please contact Susan Case via email at <a href="mailto:susan.case@ruraltel.org">susan.case@ruraltel.org</a> or by phone at (208) 653-1212.

Sincerely,

Michael J. Martell Vice President

**Enclosures** 

Cc: (Oregon) Public Utilities Commission

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### **OUTAGE REPORTING - §54.313 (a)(2)**

Detailed information on any outage in the prior calendar year, as that term is defined in 47 C.F.R. 4.5, of at least 30 minutes in duration for each service area in which an eligible telecommunications carrier is designated for any facilities it owns, operates, leases, or otherwise utilizes that potentially affect (i) At least ten percent of the end users served in a designated service area; or (ii) A 911 special facility, as defined in 47 C.F.R. 4.5(e). 47 C.F.R. §54.313(a)(2).

Date of Outage	Time of Outage	Description of Outage and Resolution	Particular Services Affected	Geographic Areas Affected	Steps Taken to Prevent Future Recurrences	Number of Customers Affected
		-0- (NONE) outages in 2012				-

#### UNFULFILLED SERVICE REQUESTS - §54.313(a)(3)

The number of requests for service from potential customers within the recipient's service areas that were unfulfilled during the prior calendar year. The carrier shall also detail how it attempted to provide service to those customers.

There were no (zero) unfilled requests for service during calendar year 2012.

### NUMBER OF COMPLAINTS PER 1,000 CONNECTIONS - §54.313(a)(4)

The number of complaints per 1,000 connections (fixed or mobile) in the prior calendar year.

During calendar year 2012, Nehalem Telecommunications, Inc. received -0- zero complaints per 1,000 working access lines.

# §54.313(a)(5) – COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES

Service Qu	ualitv Standar	ds and Consumei	Protection	Rules Annual	Certification
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Michael J. Martell		Vice President	Nehalem Tel	ecommunications	, Inc.
Printed Name of Officer		Title of Officer		Company Name	
I am authorized to pi Company is in compliar				•	
Executed on	June 21, 2013 Date		<i>.</i>		
Signature	Mints	Mass			
Printed/Typed Name	Michael J. Martell	, Vice President		Colling on the Control of Collins	

#### §54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Ability to Function in Emergency Situations Annual Certification

Michael J. Martell	Vice President	Nehalem Telecommunications, Inc.
Printed Name of Officer	Title of Officer	Company Name

I am authorized to provide this certification on behalf of the Company. I hereby certify that the Company is capable of functioning in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Executed on	June 21, 2013
Signature	Date Mul
Printed/Typed Name	Michael J. Martell, Vice President

#### ADDITIONAL VOICE RATE DATA - §54.313(h)

All incumbent local exchange carrier recipients of high-cost support must report all rates for residential local service, as well as state fees as defined pursuant to §54.318(e) of this subpart, that are below the local urban rate floor as defined in §54.318 of this subpart, and the number of lines for each rate specified. Carriers shall report lines and rates in effect as of June 1.

As of June 1, 2013, Nehalem Telecommunications, Inc. did not have any rates for residential local service, as well as state fees as defined pursuant to §54.318(e), that are below the local urban rate floor as defined in §54.318.

Class of Service	Residential Local Service Rate	State Subscriber Line Charge	State USF Surcharge	Mandatory EAS	Number of Lines



June 17, 2013

Kay Marinos, Manager Public Utility Commission of Oregon 550 Capitol St NE #215 PO Box 1088 Salem OR 97308-1088

RF

WC Docket No. 10-90: Administration of Connect America Fund Intercarrier Compensation Replacement §54.304(d)(1)

Dear Ms. Marinos:

Pursuant to 47 C.F.R. §54.304(d)(1) of the Federal Communications Commission's rules, enclosed please find the projected eligibility for CAF ICC funding for July 1, 2013 through June 30, 2014 for Nehalem Telecommunications, Inc., Study Area Code 532387. This projection includes any true-ups associated with earlier filing periods. This projection has also been filed with the Federal Communications Commission and the Universal Service Administrative Company, as the administrator of the Federal Universal Service Fund.

Should you have any questions regarding this filing, please contact our senior representative in accounting via electronic mail at <a href="mailto:Beverly.Arrington@ruraltel.org">Beverly.Arrington@ruraltel.org</a> or by telephone at (208) 366-2614 ext. 26.

Sincerely,

Michael J. Martell

Vice President

**Enclosures** 

## Rate Floor Data Collection - OMB Control Number 3060-0986

### Block 1 - Contact Information

ROW	1	FORMAT OF	
#	DATA ELEMENT	<b>REQUESTED DATA</b>	RESPONSE
1	1 Carrier Study Area Code	6 numeric digits	532387
2	2 Carrier Study Area Name	alpha characters	NEHALEM TELECOMMUNICATIONS, INC. DBA NEHALEM
3	3 Service Provider Identification Number	9 numeric digits	143002628
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	5 Contact Name	alpha characters	Arrington, Beverly A
6	S Contact Telephone Number (include area code)	9 numeric digits	208-366-2614
7	7 Sheet Number	numeric digit(s)	
8	3 Total Number of Sheets	numeric digit(s)	

## Block 2 - Residential Local Service Rates, Fees and Line Counts

	*			Column 4 Manditory		
	•	Calaran 0 84-4-		•		
		Column 2 State		Extended		
		Subscriber Line	Column 3 State Universal	Area Service	Column 5	
	Column 1 Residential Local Service Charge	Charge	Service Fee	Charge	Loops	
9	0.00	_		_	0	

#### Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

I certify that <u>National Exchang</u> the information reported on be include ensuring the accuracy actual rate floor data provided	ge Carrier Associate that for the reportion of the actual rate to the authorized	e an Agent to File Rate Floor Data of tion (NECA) ing carrier. I also certify that I am an offi floor data provided to the authorized ag agent is accurate. nation reported on this form on behalf of rovided by the reporting carrier; and to the	is cer of the report ent; and, to the I	authorized to submit ing carrier; my responsibilities best of my knowledge, the
Name of Authorized Agent National Ex	change Carrier A	ssociation (NECA)		
Name of Reporting Carrier Nehalem	Telecommunic	cations Inc.		
Signature of authorized officer	ANA.			Date 06/11/2013
Printed name of authorized officer Micha	ael J. Marteli			
Title or position of authorized officer Vice	-President			
	208), 366-2614	ext.		
Study Area Code of Reporting Carrier	532387	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	

#### Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Nehalem	MAN TO STATE OF THE STATE OF TH	We the		
Signature of authorized officer	ak <i>SOM</i>			<sub>Date</sub> 06/11/2013
Printed name of authorized officer MiCl	naet J. Martell			
Title or position of authorized officer Vic	ce-President			
Telephone number of authorized officer:	(208), 366-261	4, ext		
Study Area Code of Reporting Carrier	532387	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	